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F		:	Subs	litute for Form (PTO-875				Application or Docket Number			
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F	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					إ	+8=		OR	+ 5=		-
1:	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL .		OR	TOTAL	190	<u>7.</u>
	. ,	CLAIMS AS	AMENDE	D - PART II					- · .			
Ŀ	(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY		
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ADD'L FEE OR ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" [Cotal or Independent] is the highest number found in the appropriate box in column 1.

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TOTAL

ADD'L FEE

TOTAL